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**OFFICE OF PUBLIC HEALTH** • Center for Health Policy, Information & Promotion

Bioterrorism for the Public

## FAQ's - Facts about Botulism

## What is botulism?

Botulism is a muscle-paralyzing disease caused by a toxin made by a bacterium called *Clostridium botuli-num*.

There are three main kinds of botulism:

- Foodborne botulism occurs when a person ingests pre-formed toxin that leads to
  illness within a few hours to days. Foodborne botulism is a public health emergency
  because the contaminated food may still be available to other persons besides the
  patient.
- Infant botulism occurs in a small number of susceptible infants each year who harbor *C. botulinum* in their intestinal tract.
- Wound botulism occurs when wounds are infected with *C. botulinum* that secretes the toxin.

## What are the symptoms of botulism?

With foodborne botulism, symptoms begin within 6 hours to 2 weeks (most commonly between 12 and 36 hours) after eating toxin-containing food. Symptoms of botulism include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, muscle weakness that always descends through the body: first shoulders are affected, then upper arms, lower arms, thighs, calves, etc. Paralysis of breathing muscles can cause a person to stop breathing and die, unless assistance with breathing (mechanical ventilation) is provided.

Botulism is not spread from one person to another. Foodborne botulism can occur in all age groups.

A supply of antitoxin against botulism is maintained by CDC. The antitoxin is effective in reducing the severity of symptoms if administered early in the course of the disease. Most patients eventually recover after weeks to months of supportive care

## How can botulism be treated?

If diagnosed early, foodborne and wound botulism can be treated with an antitoxin which blocks the action of toxin circulating in the blood. This can prevent patients from worsening, but recovery still takes many weeks. The respiratory failure and paralysis that occur with severe botulism may require a patient to be on a breathing machine (ventilator) for weeks, plus intensive medical and nursing care. After several weeks, the paralysis slowly improves. Physicians may try to remove contaminated food still in the gut by inducing vomiting or by using enemas. Wounds should be treated, usually surgically, to remove the source of the toxin-producing bacteria. Good supportive care in a hospital is the mainstay of therapy for all forms of botulism. Currently, antitoxin is not routinely given for treatment of infant botulism.

For more information on Botulism go to: http://www.hopkins-biodefense.org/pages/agents/agentbotox.html